

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ADULT ABUSE, NEGLECT, EXPLOITATION CENTRAL REGISTRY
REQUEST FOR INFORMATION**

All information released will be for the exclusive and confidential use of the agency requesting the information. The information provided by the applicant is true and correct to the best of the agency's knowledge.

_____ has applied for employment with our agency.

(PRINT ONLY)

Maiden Name and/or Other Names known by: _____
(PRINT ONLY)

DOB: _____ **SS#:** _____ - _____ - _____ **Sex:** M or F
(mm/dd/yyyy) (circle one)

Agency Information (please print)

Contact Person _____ Phone _____

Agency Name _____

Agency Mailing Address _____
Street, City, State, Zip

RETURN TO: Adult Abuse Registry
915 SW Harrison Room 551 South
Topeka, Kansas 66612

FOR CENTRAL OFFICE USE ONLY:

Record found?

Yes _____ No _____ If yes, finding: _____ AB _____ NG _____ EX _____ FA (Check all that apply)
"Yes" indicates the individual is listed on the Adult Abuse, Neglect, Exploitation Registry

Perpetrator's Name: _____

Region: _____ Date Report Substantiated: _____

Initials: _____ Date: ____/____/____